

# MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 61-012288

STATE FILE NUMBER

Registration District No. 381

Primary Registration District No. 4515

Registrar's No. 25

AMENDED

FILED APR 3 1961

### 1. PLACE OF DEATH

a. COUNTY Sullivan

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Milan

Length of stay in lb  
1 month

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Sullivan Co. Memorial Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Sullivan

c. CITY  
OR  
TOWN Green City

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS 7 mi. SW of Green City

Reside on Farm  
Yes ☒ No ☐

### 3. NAME OF DECEASED

First

Middle

Last

Maude

Belle

Ames

4. DATE  
OF  
DEATH

Month March Day 22 Year 1961

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
1/17/1875

9. AGE (last birthday)  
86

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Farm home

11. BIRTHPLACE (City and state or country)  
Green City, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME  
Franklin Beck

13b. MOTHER'S MAIDEN NAME  
Frances Hibbitts

14. NAME OF HUSBAND OR WIFE  
Charles M. Ames

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT  
Address  
Chester Ames, Green City, Mo.

### 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial failure

INTERVAL BETWEEN  
ONSET AND DEATH  
2 weeks

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Chronic Myocarditis & Sclerosis

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/17 1961 to 3/22/61 and last saw her alive on 3/21/61

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. R. McArthur

M.D.

22b. ADDRESS

Brunswick, Mo

22c. DATE SIGNED

3-24-61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

3/25/1961

23c. NAME OF CEMETERY OR CREMATORY

Pleasantville Cemetery

23d. LOCATION (City, town, or county)

Sullivan County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Glenn E. Kenton, Green City, Mo

25. DATE RECD. BY LOCAL REG.

3-28-61

26. REGISTRAR'S SIGNATURE

Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Karl R. Kent*

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.